



Contact Information (305) 246-5315.
Return 24 hours prior to child's first day of school.

In addition to this packet we
need a current physical form
(yellow) and immunization form
(blue).

Page 1 of 6

"To lead, serve and guide the children of our community"
LICENSE #C11MD1586

ENROLLMENT REGISTRATION FORM

CHILD INFORMATION

Parent Updates: _____
Parent Updates: _____
Parent Updates: _____
Parent Initial and Date for each update

Student Name (First, Middle, & Last): _____

Age: _____ Sex: _____ Date of Birth: _____ Home Email Address: _____

Address: _____ Phone: _____

(PLEASE INCLUDE CITY STATE AND ZIP CODE)

Parent/Guardian Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Primary Residence: ☐ Mother ☐ Father ☐ Guardian

Referred By: _____ Hours and Days of Care Needed: _____

PRIMARY CONTACT AND RELEASE PERSONS: Primary form of communication is email and text message!

Parent/Guardian #1: _____ Relationship to Child: _____ DOB: _____

Home Phone: _____ Cell Phone: _____ Telephone Svc. Provider: _____

Home Address: _____ Email Address: _____

Driver's License Number: _____ State licensed in: _____

Employer: _____ Employer Address: _____

Work Phone/ Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____ DOB: _____

Home Phone: _____ Cell Phone: _____ Telephone Svc. Provider: _____

Home Address: _____ Email Address: _____

Driver's License Number: _____ State licensed in: _____

Employer: _____ Employer Address: _____

Work Phone/ Extension: _____ Work Hours: _____

Official Use: Weekly Fee: _____

FORMS

- ☐ ENROLLMENT FORM
- ☐ MEDICAL RECORDS
- ☐ H1N1
- ☐ GETTING IN, GETTING OUT FLYER
- ☐ EXPULSION POLICY
- ☐ FOOD APPLICATION
- ☐ INFANT FEEDING FORM
- ☐ PHOTO RELEASE
- ☐ DISCIPLINE POLICY
- ☐ SCHOOL READINESS TRANSFER COMPLETE/SIGN OUT/IN
- ☐ VPK ELIGIBILITY FORM (IF REQUIRED)
- ☐ OINTMENT AUTHORIZATION

DATA ENTRY

- ☐ REGISTRATION FEE : CK# _____ AMT. _____
- ☐ BILLING
- ☐ LEDGER CARD
- ☐ EXPIRATION DATE : IF NOT PROVIDED DUE ON _____

☐ Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

☐ Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or

☐ Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).

☐ Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or

☐ Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider

Your initial below indicates that you have received the above items and that the information on this enrollment is complete and accurate.

09092019 CELC ENROLLMENT PAKCET

1

Enrollment Date: _____ Termination Date: _____



Authorized persons provided, must have all contact information provided below.

Page 2 of 6

EMERGENCY CONTACT AND AUTHORIZED PICKUP PERSONS

For the safety of your child, we will request all authorized release persons to provide a government issued photo identification at the time of pick-up.

Name #1: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____ Telephone Svc. Provider _____
Driver's License Number: _____ State licensed in: _____
Name #2: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____ Telephone Svc. Provider _____
Driver's License Number: _____ State licensed in: _____
Name #3: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____ Telephone Svc. Provider _____
Driver's License Number: _____ State licensed in: _____
Name #4: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____ Telephone Svc. Provider _____
Driver's License Number: _____ State licensed in: _____
Name #5: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____ Telephone Svc. Provider _____
Driver's License Number: _____ State licensed in: _____

I authorize the persons listed above (included with persons listed in the parent/guardian section) to pick up my child from school if there is a medical or other emergency and I cannot be reached. I also authorize the persons listed above to pick up my child for non-emergency purposes. I understand that if persons listed above do not provide adequate photo identification at the time of pick up that my child will not be released to this person until appropriate identification/clearance has been established. I understand that for the persons listed above no verbal or written consent is required to release my child from school.

If you want a person who is not on your emergency contact and release section to pick up your child, you must notify the school in advance, in writing. Your child will not be released without prior authorization by the parent and/or guardian. In the event that you are unable to provide written consent for pick up of your child, you may call the office to provide authorization. Your personal information will be used to verify your identity.

I understand that school hours are from 6:30 am – 6:00 pm. If my child is picked up after hours a late fee of \$25.00 will be charge for the first minute up until 30 minutes after. Over 30 minute pick-ups will be charged an additional \$15.00 for every 15 minute period. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please contact our office for additional information.

My signature below indicates that I have completely read, understood, and agreed with all information provided on this page.

Signature of Parent/ Guardian: _____ Date: _____

**ENROLLMENT AGREEMENT**

Name of Child (First, Middle, Last): _____ Date: _____

Parent/ Guardian Name: _____

PLEASE INITIAL EACH SECTION LISTED BELOW.

AGREEMENT 1: TUITION AND FEES

____ **REGISTRATION FEE:** I understand that a non-refundable Registration Fee of \$180.00 is due in advance when enrolling my child. I understand that a yearly Registration Fee is due to guarantee my child's enrollment for the Fall of the following school year.

____ **TUITION:** I understand that my tuition fee for my child is \$ _____. I understand that I have decided to pick a bi-weekly or every 4 weeks payment plan and am responsible for tuition payments according to the payment program I have chosen. I have read, understood and agreed with all tuition information detailed in the Tuition Information Sheet.

____ **TUITION PAYMENT and LATE FEE:** I understand that tuition is due in accordance to my payment plan regardless of my child's attendance. If tuition payment is not received in a timely manner a \$25.00, a week, late fee will be charged accordingly. If tuition and assessed fees are not received in a timely fashion, Countryside Early Learning Center holds the right to withdrawal my child. The Registration Fee will need to be paid again.

____ **OFFICE OF EARLY LEARNING REGISTRATION:** Countryside is involved in different quality enhancement programs with the OEL and other licensure entities. Students enrolled at Countryside are mandated to enroll with the OEL directly. I understand that in order for registration to be complete enrollment to the OEL must be completed.

____ **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees due by any agency or third-party reimbursement in accordance to my contract. I am solely responsible for communicating any changes regarding my status with the agency that may affect reimbursement. I understand that I am solely responsible for all tuition and late fees that is accrued due to failure of communicating status changes with an agency or third party.

____ **LATE PICK UP FEE:** I understand that Countryside Early Learning Center is open from 6:30 am -6:00 pm, Monday-Friday, all year, except for holidays and school closings listed on the school calendar. I understand that if I fail to pick up my child at the closing time, a \$25.00 late pickup fee will apply. Details on late pick up provided in Parent Handbook.

____ **TUITION DISCOUNTS:** I understand that if I enroll more than one child within my immediate family, a ten (\$10.00) dollar a week discount is granted on the lesser tuition rate. Heroes discount of 15% is available to all military, police and firefighter families.

____ **RETURNED CHECK FEE:** I understand that if my check for tuition payment is returned for any reason, that a returned check fee of \$25.00 will be applied to my account. All checks that are returned for insufficient funds will not be re-deposited. A cash payment including the returned check fee must be made on the same day notification is given regarding the returned check.

AGREEMENT 2: DAILY PROCEDURE

____ **DROP OFF & DISMISSAL:** I understand that during drop off I must walk my child into the building and directly into their class. I understand that I am responsible to pick up my child at their classroom. No child will be escorted to their parent by a teacher or staff member. I understand that it is my responsibility to be familiar with my child's program and the allotted drop off and pick up times within each program.

____ **ILLNESS:** I understand that I will be immediately notified if my child becomes ill while in school. Countryside's illness policy is provided in the Parent Handbook. I understand that if the school request that my child be picked up due to illness that I will be prompt in my arrival to pick up my child. If my child contracts a contagious disease, I agree to notify the school and understand that a physician's notice is required for clearance in order for my child to return to school.

____ **PHOTO RELEASE:** I give Countryside Early Learning Center permission to use my child's photograph or photographic image in official Countryside Early Learning Center business, including: school web site, newsletters, graduation slideshows, etc. I understand that photographic images or video may be used for news organizations and promotional purposes. I hereby waive any right that I may have to inspect or approve the



finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

___ **WITHDRAWAL:** I understand that no written notification is needed in order to withdraw my child from school. If your child is absent three or more days and the school has not been notified, Countryside holds the right to withdraw your child. The Registration Fee will need to be paid to re-enroll your child.

AGREEMENT 3: HOLIDAYS, ABSENCES AND CLOSINGS

___ **HOLIDAYS/SCHOOL CLOSINGS:** I understand that Countryside Early Learning Center is closed on the following holidays: New Year's Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, Martin Luther King Jr. Day, Veterans Day, Good Friday and President's Day. I also understand that there are a few recess days posted on the school calendar that Countryside will be closed for. I agree that I will not receive a refund, credit or any allowance for these days. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

___ **ABSENCES/VACATIONS/TARDINESS:** I understand that Countryside is a Learning Center and all academic activities are completed in the morning. I understand that if I want my child to partake in all morning lessons and activities that it is my responsibility to have my child at school prior to 9:00 am. I agree to inform the school on any given day that my child will be absent. Tardies are an ongoing concern. Tardies affect your child's academic progress and disrupts the learning environment for all students. Countryside holds the right to withdraw any student for excessive tardiness. I understand that my tuition is due every Monday, first of the month, depending on the payment program I have selected regardless of my child's attendance. I understand that no credit, refund, allowances and or extra service will be provided for child absences. I understand that if my child is withdrawn due to vacation and/or absences, whether it be by the facility or the parent, the registration fee must be paid again. I understand that the school holds the right to withdraw my child due to absences without notification.

___ **INCLEMENT WEATHER OR OTHER DISASTERS:** I understand that Countryside follows Miami Dade County Public School (MDCPS) schedule for inclement weather. I understand that it is my responsibility to watch or listen to our local weather channels for any changes MDCPS has made to their schedule due to inclement weather. I understand that Countryside holds the right to close the school at any time deemed necessary due to inclement weather in the Homestead area. I agree that I will not receive a refund, credit or any allowance for days the school is closed due to schedule changes.

AGREEMENT 4: POLICIES

___ **PARENT HANDBOOK:** I understand that Countryside provides a Parent Handbook online or a hard copy (when requested) with policies and procedures that are set into place for the facility. I have read and agreed to the parent handbook. I understand that Countryside holds the right to revise or change any policies at any time and that written notification will be provided if done so.

___ **STUDENT OBSERVATIONS:** I understand that Countryside does quarterly observations on all students enrolled. To improve the quality of services provided to your child, Miami-Dade County, Department of Human Services, Child Development Services and The Early Learning Coalition of Miami-Dade/Monroe (the agency that oversees policy development and funding for early care and education) has coordinated a Screening and Assessment Program. The screening and assessment process will be similar to the kind of activities your child is involved in on a daily basis. The results of the screenings and/or assessments will have no bearing on your child's receipt of services. All data gathered from this program will be kept confidential. Part of this process will involve, but is not limited to the collection of parent and teacher information. Researchers and your child's teachers will have access to the data in order to make informed decisions about how best to improve the quality of services provided to your child.

___ **NO ALTERATIONS TO AGREEMENT:** No terms of this agreement may be changed in any way. If changes of any sort are made to this agreement, the agreement will be null.

___ **UNIFORMS:** I understand uniforms are mandatory! Countryside requires that all students beginning with our Toddler group and above wear uniforms daily. New enrollment must have uniforms prior to starting. I understand that if my child arrives to school wearing inappropriate uniform that I will be asked to pick him/her up from school. I understand that detailed information regarding uniform policies is provided in the Parent Handbook.

___ **PLAYGROUND PLAY:** I understand that playground equipment and area is for school use only. Before drop-off or after dismissal, students are not allowed to use the playground equipment or area. I understand that Countryside is not responsible for any injuries suffered on playground equipment and/or area within the drop-off and dismissal time.

___ **TOYS/ VALUABLE ITEMS:** I understand that Countryside is not responsible for any personal items (toys, jewelry, valuable items, etc.) that children bring to school. I understand that if any of my child's items are misplaced, lost or broken, Countryside is not liable.

___ **FOOD PROGRAM:** I understand that Countryside is part of the Miami Dade Health Departments Food Program and a completed application must be submitted with my enrollment form. I also understand that if my child is allergic to any foods provided by the center that I am responsible to provide the facility with a completed Special Dietary Conditions Form signed by my child's physician. I understand that it is my responsibility to provide my child home lunch on the days they are being served a meal that they cannot eat due to allergies, religious purposes and/or parent preference (organic, vegetarian, vegan, etc). I understand that no special foods for my child may be stored at the center. Special foods needed for my child must be provided on a daily basis, when needed. I understand that if anything changes in regards to my child's eating habits and/ or conditions, it is my responsibility to contact the office and make the appropriate changes to the enrollment form. I understand that if I have specific eating habits for my child and do not want my child to eat school lunch, a written letter must be provided with the date, child's name, parent signature and details explaining the eating preference for their child.

All foods that are considered choking hazards and are brought from home must be chopped for child consumption. Countryside has the right to reject any foods not chopped properly at our discretion. All food items, containers, thermos, water bottle, etc brought from home must have the child's first and last name written on it. Countryside **WILL NOT** serve any food item that does not have a name labeled legibly. For more information regarding proper preparation for foods, name labeling and/or food preferences, please contact our office.

___ **FOOD CONTAINERS:** Any food containers used for home lunches, snacks, water bottles/thermos, etc must have your child's first and last name labeled on it. Countryside reserves the right to reject any item brought to school not properly labeled.

___ **RENEWAL FORMS:** I understand that many forms may need to be renewed on a yearly basis. I agree to comply with all renewal dates and requirements for processing renewal forms.

Countryside's policies have been reviewed with me. I have received and read the Parent Handbook and agree to abide by all policies included in the Enrollment Form and Handbook. I understand that the Parent Handbook can be changed and/or altered at any time and that written notification via email will be provided.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____



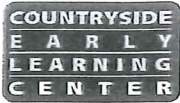
MEDICAL INFORMATION

1. Is your child under special medication? _____ If so, what medication is your child taking?

2. Is your child allergic to: (If allergic in any category, please write the name of the item and the reaction to the allergy.)
Medication: _____
Food: _____
Other: _____
3. Does your child have any medical condition? _____ If so, please write the name of the condition and any special instructions that need to be followed.

OTHER IMPORTANT INFORMATION

Please use this section to provide any other important medical, religious, food related, etc. information that we must be aware of while your child is under our care.



Countryside Philosophy

"To lead, serve and guide the children of our community"

Tuition Agreement

I understand that if my child is enrolled at Countryside Early Learning Center during the school year, tuition is due whether my child attends school, is absent (family vacations, illness, etc.), holidays and/or school is closed. Payment plan is determined at the time of enrollment. Payment plans available are bi-weekly or monthly ONLY. Bi-weekly payment plans are due on Monday of the first week of service and must include the second week of service. A late fee of \$25.00 will apply after Tuesday of the first week if payment is not received. Monthly payment plans are due before the 5th of the month and must include all payments for all weeks in the month. To determine how many weeks are in a month, Mondays should be counted. A late fee of \$25.00 will apply after the 5th of the month. If the 5th of the month falls on a weekend, payment must be made on the working day prior to the 5th. ***Countryside reserves the right to withdraw any student from their program due to lack of payment of tuition and late fees. If withdrawn, registration fee will need to be paid again. No tuition refund, credit or allowance will be given for days absent. Tuition includes lunch and two snacks and/or baby food. School hours are from 7:00 am to 5:30 pm. Tuition is subject to change without notice. Increase of tuition can be made yearly.***

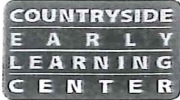
I have read, understood and agreed with the above information regarding tuition and payments for my child's enrollment at Countryside Early Learning Center. I agree that I will pay tuition no matter my child's attendance when enrolled within the school year and that I will not receive a refund, credit or any allowance of days.

Date: _____

Child's Name: _____

Parent's Name: _____

Parent Signature: _____



Countryside Philosophy

"To lead, serve and guide the children of our community"

Expulsion policy

Students within the age group that we service are not normally expelled from school for known or familiar reasons such as; poor behavior, defiance, and/or having the ability to harm themselves and/or others. As mandated by the Department of Children and Families, below we provide the reasons Countryside may have to terminate/suspend services to students enrolled at our school.

Parental Actions for child expulsion

Please note that termination for parental actions is not limited to the below points mention. Countryside Early Learning Center reserves the right to expel/terminate a student for any Parental action deemed pertinent for termination/suspension.

- Failure to pay tuition and/or fees charged
- Failure to maintain required documents up to date, such as, but not limited to; H1N1 Form, Medical Records, CCFP Application, etc.
- Habitual tardiness when picking up your child.
- Physical and/or verbal abuse to staff.

Child Actions for expulsion

Please note that termination for parental actions is not limited to the below points mention. Countryside Early Learning Center reserves the right to expel/terminate a student for any Parental action deemed pertinent for termination/suspension.

- Failure of child to adjust within a reasonable amount of time
- Uncontrollable tantrums/angry outbursts
- Physical or verbal abuse to staff or other children or themselves

The well-being of every child enrolled is of primary concern to Countryside Early Learning Center. We want to ensure that all children are safe and secure while in attendance. Countryside reserves the right to provide remedial action when deemed necessary and appropriate.

I have read and understand the above statement.

Date: _____

Child's Name: _____

Parent Name: _____

Parent Signature: _____



Countryside Philosophy

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Tools For Successful Conflict Resolution

Dear Parents,

We are required by Children and Families to provide parents with a written conflict resolution policy. Although our conflict resolution policy is provided on our Enrollment Form and our Parent Handbook, below is a detailed step by step approach for behavior modification.

Our program insures that age-appropriate, constructive disciplinary practices are used for your child. alternatives to improper behavior. To insure a safe and successful program, discipline is a must.

Steps to behavior modification:

- 1 Children will be corrected and asked to change their behavior.
- 2 Children will be re-directed from situation.
- 3 Children will be placed in "Time in" with the use of the cozy area.
- 4 Children will reflect in the cozy area: self-soothe, breathing exercises, and relaxation techniques with the help of the teacher.
- 5 Parents will be contacted if behavior is not corrected.
- 6 Children shall not be subjected to discipline which is severe, humiliating, or frightening.
- 7 Discipline shall not be associated with food, rest or toileting.
- 8 Spanking or any other form of physical punishment is strictly prohibited.
- 9 Children may not be denied active play as a consequence of misbehavior.

If you have any questions or concerns regarding the discipline policy please contact our office.

Thank you.

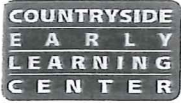
Date: _____

I, _____ have received in writing the disciplinary practices used by Countryside Early Learning Center.

(Name of Child)

(Signature of Parent)

REV 07242019



Countryside Philosophy

"To lead, serve and guide the children of our community"

Student Photo Release Form

I, _____ (parent/guardian) give Countryside Early Learning Center permission to use my child's photograph or photographic image in official Countryside Early Learning Center business, including: school web site, newsletters, graduation slideshows, etc. I understand that photographic images or video may be used for news organizations and promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

- ☐ Yes, I agree with the release form.
- ☐ No, I do not agree with the release form.

Date: _____

Child's Name: _____

Parent Name: _____

Parent Signature: _____



Countryside Philosophy

"To lead, serve and guide the children of our community"

Authorization Form for Diaper Ointment

Date: _____

I authorize Countryside Early Learning Center to apply diaper cream, provided by myself, on my child _____ as needed.
(Print Child's Name)

If there are any questions please call me at _____.

Sincerely,

(Parent Signature)

(Parent Name-Please print.)

Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	COUNTRYSIDE EARLY LEARNING CENTER
*Formulas offered at this facility:	GOOD START
Milk based:	GOOD START
Soy based:	GOOD START

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby. The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture appropriate vegetables and fruits
- ~ A variety of texture appropriate meat and meat alternates
- ~ Bread or crackers
- ~ 100 percent fruit juice

Please be aware this child care facility:

- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.
- ~ Can feed solid foods to infants younger than 4 months of age only when a medical statement is provided.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ Can offer 100 percent fruit juice from a cup – not a bottle.

Parents please complete the following:

Baby's full name: _____ Date of Birth: _____

Please check ☒ this box ☐ if your baby is breastfed and you plan to provide breastmilk.

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 4 months and older, according to the CCFP requirements.

*I prefer to supply my own formula (write in name of formula): _____

This facility has not requested or required me to provide infant formula or food.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____

*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate foods.



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Tuition is subject to change without notice. Increase of tuition can be made yearly.

TUITION INFORMATION

Payment plans will be determined at the time of enrollment. Payment plans available are bi-weekly and every 4 weeks payments ONLY. Bi-weekly payment plans are due on Monday of the first week of service and must include the second week of service. A late fee of \$25.00 will apply after Tuesday of the first week if payment is not received. Every 4 weeks payment plans are due before the 5th of the month and must include all payments for all weeks in the month. To determine how many weeks are in a month, Mondays should be counted. A late fee of \$25.00 will apply after the 5th of the month. If the 5th of the month falls on a weekend, payment must be made on the working day prior to the 5th. *Countryside reserves the right to withdraw any student from their program due to lack of payment of tuition and late fees. If withdrawn, registration fee will need to be paid again. No tuition refund, credit or allowance will be given for days absent.* School hours are from 6:30 am to 6:00 pm.

Registration Fee – (MUST BE PAID ONCE A YEAR & IT IS NON-REFUNDABLE): \$190.00

Tuition – Infants: (3 months up to 1 year): \$700.00 Every 4 weeks (Payment option: \$350.00 biweekly)
Half Day (picked up by 12:30 pm) \$500.00 Every 4 weeks (Payment option: \$250.00 biweekly)

Tuition – Two year Old: \$660.00 Every 4 weeks (Payment option: \$330.00 biweekly)
Half Day (picked up by 12:30 pm) \$460.00 Every 4 weeks (Payment option: \$230.00 biweekly)

Tuition – Three to Kindergarten: \$620.00 Every 4 weeks (Payment option: \$310.00 biweekly)
Half Day (picked up by 12:30 pm) \$440.00 Every 4 weeks (Payment option: \$220.00 biweekly)

For each additional child within the immediate family, a forty (\$40.00) dollar a month (\$20.00 biweekly) discount is granted on the lesser tuition rate.

School Age Tuition: \$135 weekly

After School Care: \$ 30 weekly

VPK Program: Voluntary Pre-Kindergarten Program

(Please note the VPK Program follows Miami Dade County Public Schools schedule. The VPK Program does not include a full day of tuition. This program includes service from the hours of 9:00 am – 12:00 pm free to all students).

VPK Tuition Programs

<u>Full day-</u>	6:30-5:30 (Every 4 weeks) (daily charge is \$27.00)	\$ 440.00
<u>Morning Care-</u>	6:30-9:00 (Every 4 weeks) (daily charge is \$18.00)	\$ 280.00
<u>After School Care-</u>	12:00-6:00 (Every 4 weeks) (daily charge is \$25.00)	\$ 440.00

VPK Non-payment Days within a VPK week (Daily charge in addition to weekly fee) \$ 30.00

On VPK non-payment day (teacher planning days) the Early Learning Coalition does not cover tuition for our VPK students. If your child attends school on a VPK non-payment day this charge applies.

Non VPK Week (Daily charge) \$ 26.00

On VPK non-payment week (Spring Break) the Early Learning Coalition does not cover tuition for our VPK students. If your child attends school on a VPK non-payment week this charge applies.

School Readiness

This program covers the Registration Fee. Weekly fees assigned with your authorization packet are due promptly and within payment option decided at the time of enrollment.

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____

Center Name & Address: _____
Countryside Early Learning Center, 15395 SW 288 ST, Homestead, FL 33033

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Children's Income information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ _____ How often received? (check only one): ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony Text (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: (_____) _____

Street Address, City, State, Zip Code _____

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Not Hispanic or Latino

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child ☐ Non-needy ☐ Reduced-Price ☐ Free ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 12, Monthly x 12

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ Date: _____

Second Party Check Signature: _____ Date: _____

Revised 6/2019

Page 1 of 2

U-009-08

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____
 Child's Name: _____
 Date Received: _____
 Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

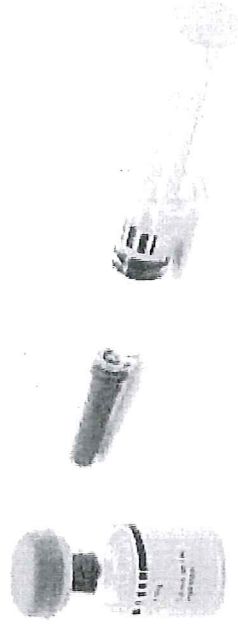


What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



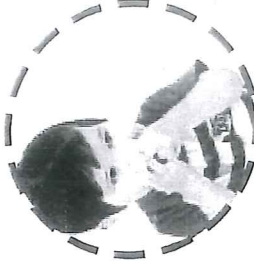
How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

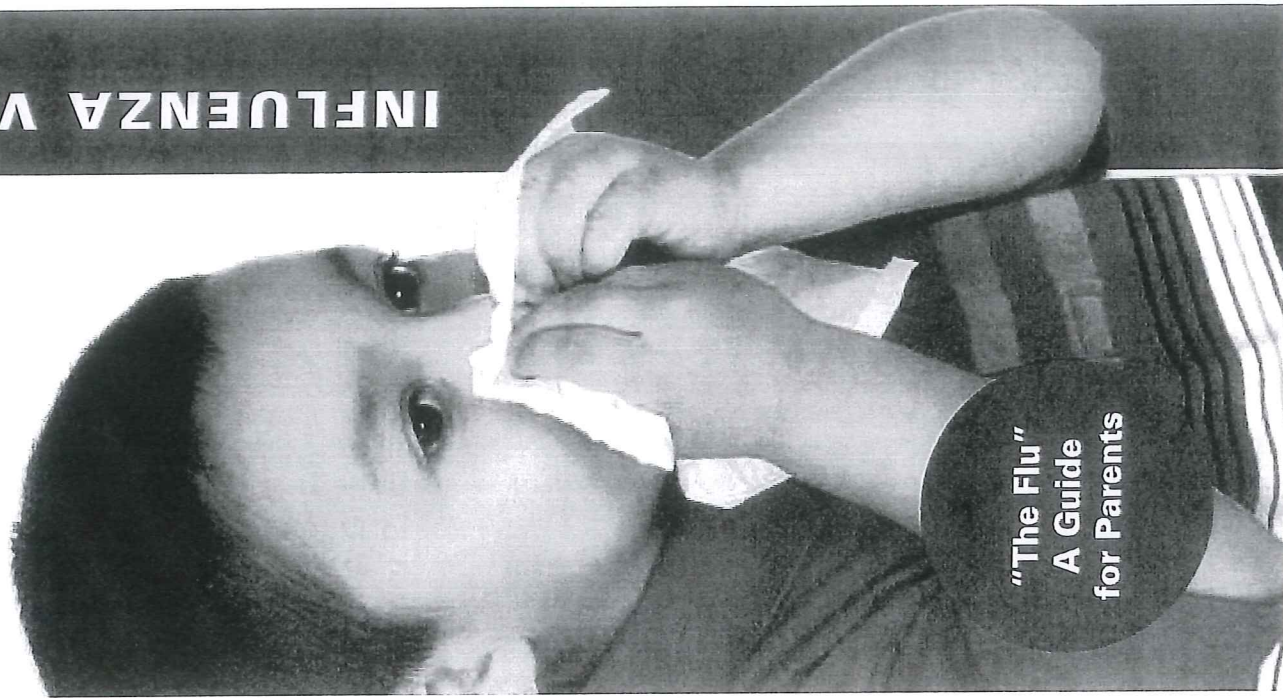


For additional information, please visit
www.myflorida.com/childcare or contact your
local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and
Families in consultation with the Department of Health.

INFLUENZA VIRUS



"The Flu"
A Guide
for Parents



FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20 degrees** and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

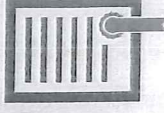
The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



**My signature below verifies receipt
of the Distracted Adult brochure**

Parent/Guardian:

Child's Name:

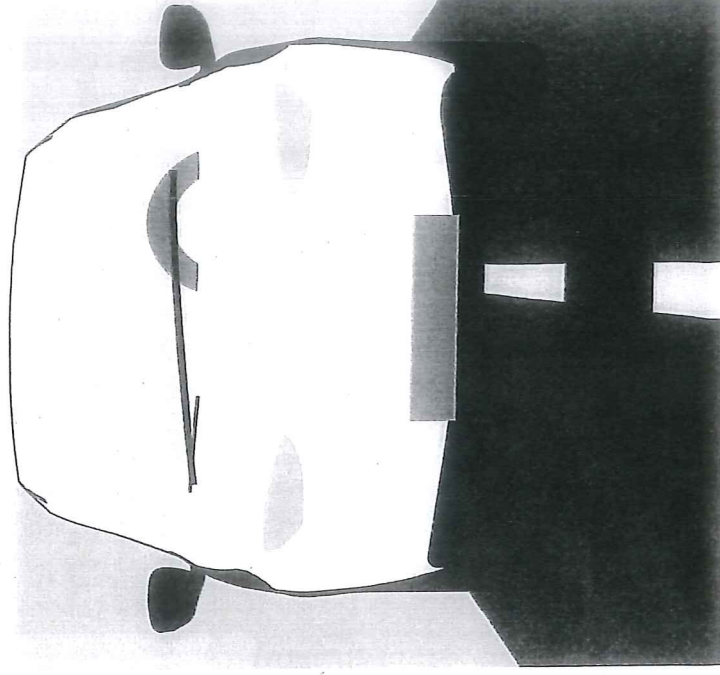
Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



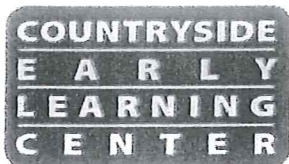
When life happens...Don't be a
**DISTRACTED
ADULT**



Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018



CountrySide Philosophy
"To lead, serve and guide the children of our community"

Parental (Guardian) Authorization Form

Provider Name: _____

Address: _____

City: _____



15395 SW 288 ST
Homestead FL 33033
305-246-5315
305-246-1413

Provider ID: _____

Zip Code: _____

Parent's Name: _____

Child's Name: _____ Child's last 4 of SS# _____

Child's Name: _____ Child's last 4 of SS# _____

Child's Name: _____ Child's last 4 of SS# _____

Authorization is given to release the child(ren) listed on this page to the following named individuals.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

The above individuals are also authorized to:

☐ Sign-in and sign-out on the Early Learning Coalition of Miami-Dade and Monroe's Parental Signature Sheet & Attendance Verification Form for my child(ren).

☐ To transport my child(ren) to and from home/school to my child care provider.

I am aware that all individuals granted permission to drop off or pick up my child(ren) must be at least 18 years of age.

Parent Signature: _____ Date: _____

Parent Print Name: _____ Telephone: _____

Signature of Provider: _____ Date: _____



CountrySide Philosophy

"To lead, serve and guide the children of our community"

All instructors are level 2 background screened and in compliance with the Department of Children and Families.

Dear CountrySide Parents and Families:

All extra-curricular activities begin in September! All activities are optional and are scheduled at times that do not interrupt our academic portion of the day. We encourage our parents to have your child participate in extra-curricular activities. Extra-curricular activities target areas of development (physical development, approaches to learning, social & emotional development, and creative expression through arts). Please refer to The Florida Early Learning and Developmental Standards.

Jungle Safari Bus

Fitness on Wheels! The Jungle Safari Bus (JSB) is a school bus that is converted into a fitness/playhouse. Children enjoy their time in this structured, fitness oriented class where they truly foster their physical development. The JSB remains parked on school property and all students enlisted are walked to their class by their teacher. The JSB is \$30.00 a month for two thirty minute days. Students in our two year old class through VPK can participate. **An automatic bill will be placed on your child's account once enrollment is received.** *Important News: there will be a FREE demo for all students in our two year old class through VPK. If you do not want your child to participate please contact the child's teacher. Demo is for each class separately.*

Wild About Sports (WASA)

Wild About Sports offers youth Tennis, Soccer and Basketball programs. The goal of this program is to develop coordination, agility and balance, flexibility, rule recognition and game strategy through play. Schedule accommodates our academic time. WASA is \$15.00 a month and can be paid directly to Wild About Sports online or by providing a check to the front office. **An automatic bill will be placed on your child's account once enrollment is received.**

Enrollment forms for optional extra-curricular activities are attached. Form must be turned in prior to the first week of September. If you have any questions regarding our activities please do not hesitate to contact our office. Capacity is limited!



Countryside Philosophy

"To lead, serve and guide the children of our community"

School Uniforms

All uniform bottoms and jumpers must be uniform material. Uniforms are mandatory! NO DENIM, CARGO, or COTTON BOTTOMS!

Girls

<u>Polo Shirt</u>	red, grey, navy, white (Embroidered)
<u>Bottoms</u>	Shorts: blue, black, khaki, grey Pants: blue, black, khaki, grey Skirts/skorts: blue, black, khaki, grey Jumper: blue, black, khaki, grey (embroidered)
<u>Shoes</u>	Sneakers, Loafers (closed toe and heel shoes only) Students must wear socks with sneakers or loafers

Boys

<u>Polo Shirt</u>	red, grey, navy, white (Embroidered)
<u>Bottoms</u>	Shorts: blue, black, khaki, grey Pants: blue, black, khaki, grey
<u>Shoes</u>	Sneakers, Loafers (closed toe and heel shoes only) Students must wear socks with sneakers and loafers

Where can you get
your child's uniform?

Miami Uniforms

Homestead Office
698 N. HOMESTEAD BLVD #102
HOMESTEAD 33030
305-247-2799

Palmetto Bay Office
9851 E Fern St
Palmetto Bay, FL 33157

**For cooler days, students can wear thermal or tights under their clothing.
Sweaters and jackets can be worn with uniform.**

UNIFORMS MUST BE WORN THROUGHOUT THE COLDER MONTHS.

NO EXCEPTIONS.

You want to buy your uniform somewhere
else? GO FOR IT!!

Take your shirts to Rapid Signs and
T-shirts for your \$5.00 logos, located at:
27466 S. Dixie Hwy
Homestead, FL 33032
786-486-2804

*****They are closed Mondays*****

REV. 052019

1

2020/2021 SCHOOL CALENDAR

JULY 2020				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

AUGUST 2020				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

SEPTEMBER 2020				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

OCTOBER 2020				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

NOVEMBER 2020				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

DECEMBER 2020				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

JANUARY 2021				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29


FEBRUARY 2021				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26


MARCH 2021				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

APRIL 2021				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

MAY 2021				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

JUNE 2021				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

 Holiday/Observance - Countryside is closed.

 Teacher Planning Days - Countryside is open. There are no VPK classes (NON VPK DAY).

 Recess Break - Countryside is closed.

 Spring Break - Countryside is open. There are no VPK classes (NON VPK DAY).

 First Day of School 2020/2021

 School Closing due to First Day of school Preparations.

Countryside follows the Dade County Public School schedule during Hurricane Season.

Please refer to your Tuition Agreement Form in your Enrollment Packet for information regarding tuition payment on Holidays, school closings, and student absences. TUITION IS DUE REGARDLESS OF SCHOOL CLOSINGS.



Countryside Philosophy
"To lead, serve and guide the children of our community"

May 14, 2020

Dear Countryside Parents and Families

Covid-19 Guidance Protocol

We hope and pray that this letter finds all our students and their families well. Our team is currently working diligently to prepare the facility for re-opening. As we closely follow the recommendations made by governing officials and our licensing agencies, Countryside is adopting many protocols for the safety and security of our children. Countryside is scheduled to open on Tuesday, May 26, 2020 from 7:00 am-5:00 pm. Drop off times and dismissal times are temporary and will remain in effect till further notice. Countryside considers the health of our students a priority and strict guidelines are in effect immediately.

The Covid-19 Guidance Protocol is implemented immediately when re-opened and is mandated in conjunction with our Parent Handbook. Countryside considers the health of our students a priority and strict guidelines are in effect immediately. We strongly advise that all families make the necessary adjustments to their routines to adhere to all protocols that can affect their time.

Any interaction made with a Countryside team member requires all persons involved to wear a mask at all times. Children are not required to wear a mask but are allowed to, if willing. Parents must provide the mask. Countryside will not force any child to wear a mask. Countryside is not responsible for any personal mask lost. Children under the age of two will not be allowed to wear a mask because of the danger of suffocation. Children will be grouped in groups of ten, including staff members. The 6 feet for social distancing recommended by health officials will not be mandatory within the groups the children are in. Groups will be generated by age levels. Once a group has reached its capacity, children will no longer be enrolled. Group sizes will be strictly maintained till further notice.

Countryside's Open Door Policy is suspended temporarily till further notice. No parent and/or family member will be provided the code for entry into the facility. All entry to our office must be scheduled. Please contact our office should you need to schedule a visit. Office staff is available any time, Monday- Friday within our operating hours. Parents that need to visit our office can do so with a scheduled time, during operating hours. To schedule a visit, please call the office and a reserved time will be provided. An "X" marks the spot for proper social distancing while in the office. Only one person will be allowed in the office at a time.

A mask is required for adults throughout drop off and pick up of children.

Children will have a curbside drop off each day. Staff will be readily available to assist parents at their arrival. Parents will not park during drop off. Parents will drop off by the mailbox. Teachers will sign every child in and take their temperature. Temperatures will be recorded

daily. Parents must remove their child from their car at drop off. A teacher will receive your child, sanitize their hands and walk your child to class on arrival. **NO LINGERING OR PROLONGED CONVERSATIONS WILL BE PERMITTED AT DROP OFF.** All persons dropping off must wear a mask. The flow of traffic will be strictly maintained.

Children will have a curbside pick-up each day. Parents are required to call, at a minimum, 10 minutes prior to arrival for pick up. Contacting the school prior to arrival allows the flow of dismissal to run smoothly. Any parent that does not timely notify the office of arrival will be required to park and wait for their child to be dismissed. Parents must assist their child into the car at pick up. Teachers will sign every child out each day. **NO LINGERING OR PROLONGED CONVERSATIONS WILL BE PERMITTED AT PICK UP.** All persons picking up must wear a mask.

Children with fevers of 100.40 (38.00C) or above will not be permitted into the facility. Children that appear ill to the staff member assisting at drop off, for any reason, will not be permitted into the facility. Countryside holds the right to refuse entry to any child that displays signs of illness. Signs of illness will be monitored and managed at the school throughout the day.

Any child that becomes ill while at school must be picked up. Determination of child's condition is subject to the discretion of the Director(s) and our school team members. A doctor's note is required upon return of any child sent home for illness and/or is out sick. Parents that are contacted due to their child being sick will be provided a 30 minute window for pickup. Parents that do not adhere to the 30 minute window, for pick-up of an ill child, can be withdrawn permanently from our program. If your child appears to be ill, please keep them home. It is the responsibility of parents to advise the school of any contact, their child or any family member, may have had with COVID-19.

Toys used throughout the day will be sanitized daily. Any toy that is placed in a child's mouth will be inaccessible to other children till properly sanitized. Personal care routines will be managed prominently throughout the day. Children will nap with their designated groups.

Payments can be made over the phone using a credit card or debit card. Cash payments are accepted. A scheduled time must be provided by our office for payments. No payment should be placed in children's personal belongings. Cash payments must be the exact amount required for payment. Change for cash payments will not be provided. A credit will be issued on accounts that have paid an excess amount in cash. Late fees for late payments and late pickups apply accordingly and will be assessed stringently. **PAYMENTS WILL NOT BE ACCEPTED AT THE TIME OF DROP OFF AND/OR PICK UP.** Countryside is not responsible for any lost funds placed in child's personal belongings.

Home snacks are not allowed. Countryside will provide additional snacks to all age groups at the start of our re-open. Further notice will go home explaining how home snacks will be handled. For students that have a Special Dietary Conditions Form in their file, parents must continue to provide the necessary meals for their child. A water bottle should be provided daily. Water bottles will be discarded at the end of the day.

Changes made to our Covid-19 Guidance Protocol will be advised in writing via email and as needed. If any contact information for your child needs to be updated, please contact the office immediately. Should you have any questions, please feel free to contact our office.

We understand that the new protocol will require time for adaptation for our students, their families and our team. We kindly ask for your patience and cooperation throughout this time. The ultimate goal is that we work together to ensure that the health and safety of all our children.

Thank you,

Marilyn Lopez



15395 SW 288 STREET
HOMESTEAD, FLORIDA 33033
P: 305.246.5315
F: 305.246.1413

www.countrysidelearningcenter.com
mlopez@countrysidelearningcenter.com



Countryside Philosophy

"To lead, serve and guide the children of our community"

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Countryside Early Learning Center (hereinafter referred to as "the School") has put in place preventative measures to reduce the spread of COVID-19; however the School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further attending the School could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my children may be exposed to or infected by COVID-19 by attending the School and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, school employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to children or myself (including, but not limited to, personal injury, disability, and death), illness damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the School or participation in school programming (hereinafter referred to as "Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge and hold harmless the School, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the School, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any School program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of School Participant(s)